MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014803

Reg. Dist. No. 18 5-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 6 HRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood RD Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Darlene (Last) Barr

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: 30 April 49

9. AGE last birthday: — yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours 5; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Mathew Barr

14. MOTHER'S MAIDEN NAME: Frances Azales Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Paul M. Barr, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (5½ months) — Interval Between Onset and Death: 6 HRS.

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 1949 7.20 PM., 19..... to May 1 1.20 AM., 19 49, that I last saw the deceased alive on May 1, 19 49, and that death occurred at 1.20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph R. Dolce M.D. Harford Memorial Hosp. 1 May '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 4, 1949 | NAME OF CEMETERY OR CREMATORY Cokesbury | LOCATION (City, town, or county) (State) Abingdon Md

DATE REC'D BY LOCAL REG. May 4-49 | REGISTRAR'S SIGNATURE G. L. Lewis M.D. | 24. FUNERAL DIRECTOR Howard R. McCormas Son | ADDRESS Abingdon Md

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04804

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace. | LENGTH OF STAY (in this place) 7 days. | HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville | STREET ADDRESS (If rural, give location) Aiken Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	L	Boyd	5	22	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Divorced	July 30 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Pt	R. R.	Perryville	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Henry Boyd.	Columbia Ann Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Kathryn Craig Boyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of Base of Skull.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

812.5
170 e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road.	(CITY OR TOWN) Perryville	(COUNTY) Cecil	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5	15	49	11 a. m.		Hit by taxi cab.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson.	M.D.	Perryville Md.	5/20-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-25-1949	Charlestown Cem.	Charlestown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-49	A. L. Lewis M.D.	Wm. A. Patterson & Son.	Perryville, Md.

VS. A15A

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04805

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace | LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
STREET ADDRESS (If rural, give location) R.F.D #1

3. NAME OF DECEASED (Type or Print): (First) Vennie (Middle) (Last) Carlisle

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Dec. 12 1872 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Carsonville Michigan | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: McClintock, Mr Andrew | 14. MOTHER'S MAIDEN NAME: Agnew. Matilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Not Known | 17. INFORMANT: Wagner, Mrs Myrtle (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 9 Hrs

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 May, 1949, to 22 May, 1949, that I last saw the deceased alive on 22 May, 1949 and that death occurred at 9:12 a.m., from the causes and on the date stated above.

SIGNATURE Joseph R. Dolce | (Degree or title) MD | ADDRESS Harford Memorial Hospital | DATE SIGNED 22 May '49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 25, 1949 | NAME OF CEMETERY OR CREMATORY Rock Run | LOCATION (City, town, or county) Harford Co (State)

DATE REC'D BY LOCAL REG. May 24-49 | REGISTRAR'S SIGNATURE G. L. Lewis M. D. | 24. FUNERAL DIRECTOR R. Madison Mitchell | ADDRESS Aberdeen Md.

VS. A15

RECEIVED
MAY 27 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11481S

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND; LENGTH OF STAY (In this place) 1 Day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital. Havre de Grace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Abingdon Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	(Daugherty)	Cromwell	May	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	2-9-1911	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: deceased Unknown

14. MOTHER'S MAIDEN NAME: Rosa Cromwell Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-20-7720

17. INFORMANT: Edward Cromwell, Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 months (2)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (002 13)	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 May, 1949, to 10 May, 1949, that I last saw the deceased alive on 10 May, 1949, and that death occurred at 8 15/P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Moment	M. D.	Havre de Grace	10 May 19

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 13, 1949	John Wesley	Abingdon Harford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-17-49	A. L. Lewis M. D.	Howard C. McComas Sr	Abingdon

RECEIVED
MAY 18 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04807

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace. LENGTH OF STAY (in this place). HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital. Havre de Grace MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen. STREET ADDRESS (If rural, give location) # 5 Post Road.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) A. (Last) Elliott

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 30th 1888

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Elliott

14. MOTHER'S MAIDEN NAME: Alice Duff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. James A. Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	6 days.
420.1 Mal	(c) Coronary artery disease	3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1949, to 6 May, 1949, that I last saw the deceased alive on 6 May, 1949, and that death occurred at 10:55 A m., from the causes and on the date stated above.

SIGNATURE: P.C. Clement (Degree or title) M.D. ADDRESS: Havre de Grace DATE SIGNED: 6 May 49.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF: May 10, 1949 NAME OF CEMETERY ~~OR CREMATORY~~: Grove Cemetery LOCATION (City, town, or county): Aberdeen (State): Md

DATE REC'D BY LOCAL REG.: May 9-49 REGISTRAR'S SIGNATURE: A. L. Lewis M.D. 24. FUNERAL DIRECTOR: Henry Farring & Sons ADDRESS: Aberdeen, Md.

RECEIVED
MAY 10 1949
BUREAU V. S.

05240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hess Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Har
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hess Corner
STREET ADDRESS (If rural, give location) Monkton, (R.D.)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Edward Hess

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1949 19

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct. 1, 1883
9. AGE last birthday 65 yrs. If under 1 year Months 7 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Rutledge Har.Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME St. Clair Hess
14. MOTHER'S MAIDEN NAME Annie Peppler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Cora Hess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 yrs.
Antecedent cause(s)	(b) Hypertension	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to May, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 7.50 A m., from the causes and on the date stated above.

SIGNATURE F. de Quevedo (Degree or title) ADDRESS Towson, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 25, 1949
NAME OF CEMETERY OR CREMATORY Good Will
LOCATION (City, town, or county) (State) Rutledge, Md.

DATE REC'D BY LOCAL REG. 12/1/49
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04808

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Harford · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Bromy Ground · LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Line Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 30 Monroe St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hunter	~~Infant Female~~	LINDA	May	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	N.		30 April			1		19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		~~Md~~ Maryland	U S A

13. FATHER'S NAME Cpl. Casey Hunter

14. MOTHER'S MAIDEN NAME Brown, ERNESTINE GLADYS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mother - Mrs. Casey Hunter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776 Immediate cause	(a) Prematurity - 5 1/2 months gestation	
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 30 April, 1949, to 1 May, 1949, that I last saw the deceased alive on 1 May, 1949, and that death occurred at 3 35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Reuben Beard Capt MC. — (M.D.)

23. BURIAL ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
	May 3, 1949	Mt Calvary	Near Aberdeen	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 3 - 49	Nellie H. Riley	Henry Tarring & Sons	Aberdeen, Md.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04809

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 666 Ontario St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) Harpel (Last) KALB

4. DATE OF DEATH (Month) MAY (Day) 4th (Year) 1949

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 10 1949

9. AGE last birthday — yrs. If under 1 year: Months 1 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George L. Kalb

14. MOTHER'S MAIDEN NAME Isabelle Harpel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Geo. L. Kalb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Prematurity — Interval Between Onset and Death: 5 4 days.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to May 3, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 4 45 P. m., from the causes and on the date stated above.

SIGNATURE Joseph R. Dolce (Degree or title) ADDRESS Harford Memorial Hospital DATE SIGNED 4 May 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/5/49

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county) Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. May 5-49

REGISTRAR'S SIGNATURE G. L. Lewis M. D.

24. FUNERAL DIRECTOR C. R. Madison Mitchell

ADDRESS Havre de Grace, Md.

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04810

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY HARFD.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — BEL AIR; STREET ADDRESS (If rural give location) 133 ARCHER ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby LARRY	LeROY	Lee	May	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro		May 13, 1949	yrs.			13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Bel Air Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Melvin Lee	Sarah Louise Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Sarah Louise Lee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Melena Neonatorum	?
771.0 Antecedent cause(s)	
161c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 13, 1949, to May 13, 1949 that I last saw the deceased alive on May 13, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill, Maryland.	May 14, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 15, 1949	Asbury	Churchville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/14/49	Priscilla Foxwood	Elmer C. Bullock	554 Lewis St. Havre de Grace Md.

RECEIVED
MAY 17 1949
BUREAU V. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04811

FILM No. G 120 JUN -6 1949

CERTIFICATE OF DEATH

Reg. Diat. No. 180

1. PLACE OF DEATH:

County HARFORD

City or town EDGEWOOD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 YEARS

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME EMMA MILLER

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M.

6.(b) Name of husband or wife Harry Miller 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1881

8. AGE: Years 67 ~~64~~ Months 11 Days 0 If less than one day hrs. min.

9. Birthplace Union Co Va (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Jones

13. Birthplace Va

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Harry Miller

Address Edgewood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10, 1949 (month) (day) (year)

Cemetery or crematory Mt Zion

Location Fountain Green Md

18. Funeral director Howard K. McComas & Son

Address Aberdeen Md

19. May 10 1949 (Date rec'd by registrar) Mamie M. Monksdale

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1949, at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 1948, to 5/8 1949

and that I last saw her ALIVE on 5/6 1949

Immediate cause of death BRONCHIECTASIS — DURATION 11 MOS.

Due to

Due to

526 1060 Other conditions CONGESTIVE HEART FAILURE

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

SIGNATURE C. W. Stewart Jr. M. D. M. D. or other

Address EDGEWOOD, MD. Date signed 5/8/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
MAY 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04812

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) Minnick

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 18-1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Wm. H. Minnick

14. MOTHER'S MAIDEN NAME: Sarah J. Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Kistes J. Minnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 15 da

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1 93d

(b) Chr. Cardio-Vascular Disease with Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson, M.D. — Forest Hill Md — 5/22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 5/24/49 | NAME OF CEMETERY OR CREMATORY: Bel Air Burial Park | LOCATION (City, town, or county) (State): Bel Air Harford Md

DATE REC'D BY LOCAL REG. 5/22/49 | REGISTRAR'S SIGNATURE: Priscilla Forwood | 24. FUNERAL DIRECTOR: Jos. T. Fortes | ADDRESS: Bel Air Md

VS. A15

RECEIVED
MAY 25 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04813

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 So. Stokes St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural, give location) 212 S. Stokes St.

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Elizabeth (Last) Mitchell

4. DATE OF DEATH (Month) May (Day) 31, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr. 1, 1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Duties
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. H. Maxwell
14. MOTHER'S MAIDEN NAME Lydia J. Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Clyde B. Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency

Antecedent cause(s)

422.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

93d (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1949, to 5-31, 1949, that I last saw the deceased alive on 5-31, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 6-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-3-49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Harford Co. Hde G. (State) Md.

DATE REC'D BY LOCAL REG. June 2-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell, Havre de Grace, Md. ADDRESS

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04814

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air rural
LENGTH OF STAY (In this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air rural
STREET ADDRESS (If rural, give location) Thomas Run.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Peaker		May	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	Colored	Married	5/30/1873	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer		Maryland.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Peaker	Martha Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Chas Peaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	S
422.1 93d	(c) Chr. Myocardial Disease	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1948., to May 13, 1949., that I last saw the deceased alive on May 9, 1949., and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill Md	5/13/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 17-1949	Union M.E	Aberdeen Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/49	Priscilla Forwood	Henry Tarring & Sons	Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

04815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford Rural
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Wheeler (Last) Rowan

4. DATE OF DEATH (Month) May (Day) 5, (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Mar. 19-1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) York Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph H. Wheeler
14. MOTHER'S MAIDEN NAME Rachel Ann Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Nelson G. Rowan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrial Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertention

83a (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1949, to May 5, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above. 5/9/49

SIGNATURE L. P. Snodgrass (Degree or title) M.D. ADDRESS Warlington DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9-1949
NAME OF CEMETERY OR CREMATORY Slate Ridge cemetery
LOCATION (City, town, or county) Delta, (State) Pa.

DATE REC'D BY LOCAL REG. May 9 1949
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR Hubert P. Harbins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04816

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
STREET ADDRESS (If rural, give location) Rural - Perryman

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Spencer	W.	Stivers	May	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Dec. 23 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer		Maryland	U.S.A.

13. FATHER'S NAME Frederick Stivers

14. MOTHER'S MAIDEN NAME Martha Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Spencer W. Stivers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 yrs.
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 21, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 8:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H K Delaney	M D	Aberdeen Md.	May 26/49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
	May 27, 1949	Mt Calvary	Near Aberdeen Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26-1949	Nellie Z. Riley	Henry Taxring & Sons	Aberdeen, Md.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

01817

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (In this place) 10 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford - Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Ray (Last) Thompson
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 25 May 1949
9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours 10 Min. 50 Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thompson - James Jr.
14. MOTHER'S MAIDEN NAME: Page, Margaret Jane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Margaret Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature Separation placenta

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1600 (b) Premature

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1949, to 5-25, 1949, that I last saw the deceased alive on 5-25-49 19..., and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A Lewis MD — Havre De Grace Md — 5-26-49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: 5-27-1949
NAME OF CEMETERY OR CREMATORY: Asbury Cem.
LOCATION (City, town, or county) (State): Port Deposit, Md

DATE REC'D BY LOCAL REG.: May 26-49
REGISTRAR'S SIGNATURE: G. L. Lewis M. D.
24. FUNERAL DIRECTOR: Lee A. Satterfield & Son. — ADDRESS: Perryville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04818

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Venantia (Last) (M. Suhre)

4. DATE OF DEATH: (Month) 5/6/49 (Day) (Year) 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 8/I/1870 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months 9 Days 5 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Berlin, Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Suhre | 14. MOTHER'S MAIDEN NAME: Sarah Engbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 weeks

Antecedent cause(s) 422.1 93d
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis — 20 yrs
(c) Chronic Myocarditis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Toxemia — 2 wks

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1938, to May 6, 1949, that I last saw the deceased alive on 5/6, 1949, and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS Havre de Grace, Md. DATE SIGNED 5-7-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/9/49 | NAME OF CEMETERY OR CREMATORY Glen Riddle | LOCATION (City, town, or county) (State) Near Philadelphia, Pa.

DATE REC'D BY LOCAL REG. 5-9-49 | REGISTRAR'S SIGNATURE Q. L. Lewis M.D. | 24. FUNERAL DIRECTOR Pennington & Son | ADDRESS Pennington & Son, Havre de Grace, Md.

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04819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 567 Congress Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 567 Congress Ave

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Smith (Last) Turner

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 29, 1886
9. AGE last birthday 62 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer
10b. KIND OF BUSINESS OR INDUSTRY News Paper
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas W. Turner
14. MOTHER'S MAIDEN NAME Mary Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 213-12-0069
17. INFORMANT Mrs. Virginia P. Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cuanition

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of left lung

(c)

163
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949, to May-23, 1949, that I last saw the deceased alive on 5-23, 1949 and that death occurred at 7 A.M. 6:30 P.M. m., from the causes and on the date stated above.

SIGNATURE A. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md. DATE SIGNED 5-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 26, 49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. May 24-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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04820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Belcamp
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Boncamp
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME CHARLES EDWARD WIGGERS

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife:
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 7 - 1869
8. AGE: Years 79 Months 11 Days 14 If less than one day ... hrs. ... min.
9. Birthplace Fallston Harford Co Md (Town, county and state)
10. Usual occupation Retired Merchant
11. Industry or business
FATHER 12. Name David Wiggers
13. Birthplace Fallston, Md.
MOTHER 14. Maiden name Martha T Reese
15. Birthplace Fallston, Md.
16. Informant Mrs Bernard Givens
Address Fallston Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24. 1949 (month) (day) (year)
Cemetery or crematory Friendship
Location Fallston, Md
18. Funeral director Martin L Kurtz
Address Jarrettsville Md.
19. 5/23/49 (Date rec'd by registrar) R Forward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1949 at 10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from HAVE NEVER TREATED PATIENT. 19
and that I last saw him alive on NEVER 19

	DURATION
Immediate cause of death: CORONARY OCCLUSION	IMMEDIATE
Due to: CORONARY INSUFFICIENCY	1 WEEK
Due to:	
Other conditions: CARCINOMA OF PROSTATE 420.1 51b	23 YRS.

(Include pregnancy within 3 months of death)
Major findings of operations: CARCINOMA OF PROSTATE Date of op. 1926
Autopsy results: NONE
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert Barthel MD
M. D. or other
Address Forest Hill, Md. Date signed 5/23/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

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BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04821

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Williams

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Feb. 17, 1880
9. AGE last birthday 69 yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME West Williams
14. MOTHER'S MAIDEN NAME Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clark Fitspatrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastric Carcinoma	1 year.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

151
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1948, to May 22, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 5/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 23/49
NAME OF CEMETERY OR CREMATORY Harford Co. Home
LOCATION (City, town, or county) (State) Bel Air Md

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04822

Reg. Dist. No. 18-5

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 518 Franklin St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Thomas (Last) Wright
4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19-49

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 27 1907
9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Edgewood Area
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. J. Wright
14. MOTHER'S MAIDEN NAME: Jennie Singleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO. 216-07-4613
17. INFORMANT: Mrs. Verna M. Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8 Immediate cause (a) Accidental Drowning —

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Susquehanna River (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) May (Day) 30 (Year) 1949 (Hour) 2 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Boat tipped over in River

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) Acting Deputy ADDRESS Medical Examiner Harford County Bel Air DATE SIGNED May 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 2, 1949
NAME OF CEMETERY OR CREMATORY Rock Run
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 2- 49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04823

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (In this place) 30 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEVEL RURAL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) ZOLINHOFER

4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	Unk.	August 1862	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MESENTERIC THROMBOSIS	Approx 1 wk.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	2
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEALED POSTERIOR CORONARY OCCLUSION 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED Whilo at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 May 1949, to 27 May 1949, that I last saw the deceased alive on 27 May, 1949, and that death occurred at 5:29 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P B Norment M.D. Havre de Grace Md 5-27-49

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/30/49	Angel Hill	Havre de Grace Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 29-49	A. L. Lewis M. D.	Pennington & Row

VS. A15

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MAY 31 1949
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